S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20234

State File No.

FILED JUN 24 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2516

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4327-E-19st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4327-E-9st.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME J. William Baumgarten

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 11 (Day) 1864 (Year)

8. AGE: Years 78 Months 9 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Farmer Retired

11. Industry or business

FATHER
12. Name Wm Baumgarten 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Martha Gemrote
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Lula Lyon
(b) Address 4327-E-9st

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director M. C. L. Foster
(b) Address 418 Brooklyn

19. (a) 6-3-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 8 minute a M.

21. I hereby certify that I attended the deceased from April 23, 1943 to June 3, 1943 that I last saw him alive on June 2, 1943 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Interstitial Nephritis

Due to 131a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Dr. Frank E. Day (M. D. or other) D.O.
Address 4316 E. 9th. st. Date signed 6-3-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1621

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.